DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006 Adult Day Care Facility STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OPTIONS (0009639)

Address: 115 NORTH THIRD AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 08/22/2002

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0093351 End Date: 08/11/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009327 Served 09/23/2004

Deficiencies Cited Subject Area

III.b.(5) SAFETY-EMERGENCIES PLAN

Compliance

Verified Corrected

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